

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PREJUDICE TO THE COURT

IN THE UNITED STATES OF AMERICA
IN THE CASE OF

U.S. vs Robert Pacariem

FOR
DISTRICT OF HAWAII
AT
HONOLULU at 8 o'clock and 00 min. PM

DISTRICT OF HAWAII
LOCATION NUMBER
100282005
CLERK
04-M-380
Court of Appeals

PERSON REPRESENTED (Show your full name)
Robert Pacariem

CHARGE/OFFENSE (describe if applicable & check box →)
Felon in Possession

☒ Felony
☐ Misdemeanor

☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify)

EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____
How much did you earn per month? \$ NOT FOR YEARS

If married is your Spouse employed? ☐ Yes ☒ No

IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

RECEIVED SOURCES

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES

CASH

Have you any cash on hand or money in savings or checking account? ☐ Yes ☒ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

VALUE DESCRIPTION

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT

DEPENDENTS

MARITAL STATUS
☒ SINGLE
☐ MARRIED
☐ WIDOWED
☐ SEPARATED OR DIVORCED

Total No. of Dependents 0

List persons you actually support and your relationship to them

DEBTS & MONTHLY BILLS

(LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD COMPANIES, ETC.)

Creditors	Total Debt	Monthly Payt.
APARTMENT OR HOME	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 10/24/05

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) Robert Pacariem

Request for court appointed attorney GRANTED.
U.S. Magistrate Judge